

NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Pediatric Vasoactive Medication Administration – Manages care and seeks to prevent complications in pediatric patients requiring vasoactive medication.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Describes the mechanism of action, indication, dosage, administration route, side effects and contraindications of the drug being administered.	1	2	3	4	V			Unit Orientation Kids Concepts III: Pediatric Critical Care Nursing <u>NPCS Procedure:</u> Pediatric Emergency Vasoactive/Anti-arrhythmic Medication Preparation Experience with preceptor	
2. Demonstrates accurate preparation and delivery of drug.	1	2	3	4	D				
3. Correctly calculates dosage using the Rule-of-6's.	1	2	3	4	D, DR				
4. Describes assessment parameters monitored to determine patient's response to drug.	1	2	3	4	V, DR				
5. Appropriately titrates drug according to patient response.	1	2	3	4	D, V, DR				
6. Correctly weans or discontinues drug.	1	2	3	4	D, V, DR				
7. Identifies resources available for support when administering vasoactive medications.	1	2	3	4	D, V				
8. Documents administration of medication and physiologic parameters per NPCS guidelines.	1	2	3	4	DR, V				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:_____